

SOUTH DAKOTA DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of South Dakota.

South Dakota At-a-Glance:

- Approximately 6 percent of South Dakota residents reported past-month illicit drug use; the national average was 8 percent.
- The rate of drug-induced deaths in South Dakota is lower than the national average.
- Over 60 percent of drug treatment admissions in South Dakota were for marijuana.
- South Dakota has implemented a novel approach to dealing with drunk and drugged driving, through its "24/7 Sobriety" program. The program reflects commitment to working with chronic DWI defenders into changing their behavior and prevention of additional DWI arrests using swift, certain, and moderate sanctions.

Drug Use Trends in South Dakota

Drug Use in South Dakota: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 6.28 percent of South Dakota residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 2.33 percent of South Dakota residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007–2008 National Survey on Drug Use and Health: http://oas.samhsa.gov/2k8state/Cover.pdf

Drug-Induced Deaths: As a direct consequence of drug use, 34 persons died in South Dakota in 2007. This is compared to the number of persons in South Dakota who died from motor vehicle accidents (149) and firearms (52) in the same year. South Dakota drug-induced deaths (4.3 per 100,000 population) were lower than the national rate (12.7 per 100,000).

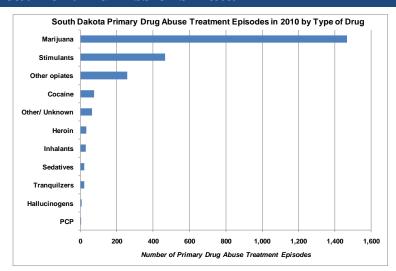
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58 19.pdf

Substance Abuse Treatment Admissions Data

South Dakota primary treatment

admissions: The graph at right depicts substance abuse primary treatment admissions in South Dakota in 2010. The data show marijuana is the most commonly cited drug among primary drug treatment admissions in South Dakota, followed by stimulants (including methamphetamine) and other opiates (including prescription drugs).

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: http://oas.samhsa.gov/dasis.htm



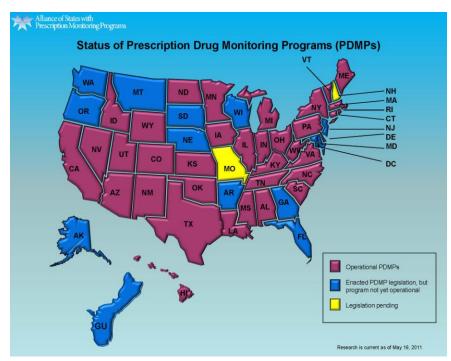
Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastestgrowing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan, entitled,

"Epidemic: Responding to America's Prescription Drug Abuse Crisis,"

provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence



of pill mills and doctor shopping through enforcement efforts.

State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The South Dakota legislature passed a law establishing a Prescription Drug Monitoring Program in July 2010. As directed by the legislation, the Board of Pharmacy will draft administrative rules and will maintain an advisory committee consisting of medical providers, pharmacies and other dispensers, and other stakeholders.

State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

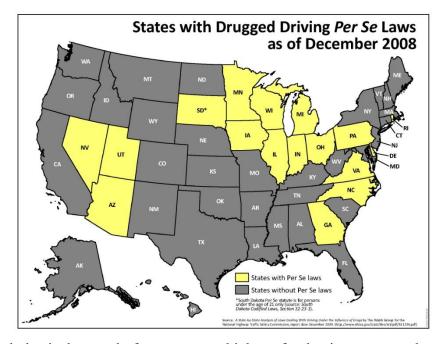
ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

South Dakota currently has a "zero tolerance" *Per Se* standard for persons under the age of 21, making it a Class 2



misdemeanor to "drive, operate or be in actual physical control of any motor vehicle... after having consumed marijuana or any controlled substance for as long as physical evidence of the consumption remains present in the person's body" (§32-23-21). **For all other drivers**, driving under the influence of controlled substances, including prescription drugs, remains prohibited so long as the influence renders the defendant from safely driving.

Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration, December 2009.

ONDCP Support for Community-Based Prevention

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following South Dakota coalitions received grants from ONDCP:

- Action for the Betterment of the Community (Sturgis)
- Spearfish Community Coalition
- There's Hope (Sisseton)

 Source: Office of National Drug Control Policy http://www.ondcp.gov/dfc/grantee_map.html

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in South Dakota

Midwest HIDTA: Beadle, Brookings, Brown, Clay, Codington, Custer, Lawrence, Lincoln, Meade, Minnehaha, Pennington, Union, and Yankton counties.

- Sioux Falls Task Force targets manufacturing, importation, and distribution organizations operating in Sioux Falls and other parts of South Dakota.
- Pennington County Drug Task Force targets manufacturing, importation, and distribution organizations operating in Pennington County and other parts of South Dakota. (Rapid City)
- *DHE-South Dakota Interdiction* provides operational support for Highway interdiction activities on pre-identified trafficking routes.
- Special Assistant United States Attorney enhances the resources of South Dakota United States Attorney's Office to aggressively prosecute narcotics trafficking cases at the Federal level, and to cross-designate state prosecutors when appropriate.

Federal Grant Awards Available to Reduce Drug Use in the State of South Dakota

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards	2010
Department of Education	2010
Safe and Drug-Free Schools and Communities_National Programs	748,699
Safe Schools/Healthy Students Grants	748,699
Department of Health and Human Services	,
Administration for Children and Families	1,409,532
Promoting Safe and Stable Families	1,409,532
Centers for Disease Control and Prevention	427,500
HIV Prevention Activities_Non-Governmental Organization Based	427,500
Health Resources and Services Administration	1,250,000
Healthy Start Initiative	1,250,000
Indian Health Service	311,692
Urban Indian Health Services	311,69
Substance Abuse and Mental Health Services Administration	19,684,72
Block Grants for Prevention and Treatment of Substance Abuse	5,086,79
Projects for Assistance in Transition from Homelessness (PATH)	300,00
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	8,157,00
Substance Abuse and Mental Health Services-Access to Recovery	6,140,92
Department of Housing and Urban Development	
Assistant Secretary for Community Planning and Development	465,24
Shelter Plus Care	465,240
Department of Justice	
Office of Justice Programs	6,349,58
Congressionally Recommended Awards	1,325,00
Edward Byrne Memorial Justice Assistance Grant Program	1,543,00
Enforcing Underage Drinking Laws Program	356,40
Harold Rogers Prescription Drug Monitoring Program	400,00
Indian Country Alcohol and Drug Prevention	499,95
Juvenile Accountability Block Grants	320,30
Recovery Act - Eward Byrne Memorial Justice Assistance Grant (JAG) Program	43,56
Residential Substance Abuse Treatment for State Prisoners	167,80
Second Chance Act Prisoner Reentry Initiative	293,86
Tribal Youth Program	1,399,69
Executive Office of the President	
Office of National Drug Control Policy	943,14
High Intensity Drug Trafficking Area Program	943,140
Substance Abuse and Mental Health Services Administration	250,000
Drug-Free Communities Support Program Grants	250,000
Grand Total	31,840,106

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.

Office of National Drug Control Policy Programs in South Dakota with Drug Court Locations

